Docket No.: 114061

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

•							
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name; that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint invent (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: COMPILING PLATFORM TO ENABLE SHEET AND SET COMPILING AND METHOD OF USE described and claimed in the specification: Check one							
attached hereto. b. ☐ filed on as Application No and amended on	(if applicable).						
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims amended by any amendment referred to above. I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title Code of Federal Regulations, §1.56.							
Under Title 35, U.S. Code §119, the priority benefits of the following application(s) filed by me or my legal representatives or assigns within one year priority for the priority benefits of the following application(s) filed by me or my legal representatives or assigns within one year priority for the priority benefits of the following application(s) filed by me or my legal representatives or assigns within one year priority benefits of the following application(s) filed by me or my legal representatives or assigns within one year priority benefits of the following application (s) filed by me or my legal representatives or assigns within one year priority benefits of the following application (s) filed by me or my legal representatives or assigns within one year priority benefits of the following application (s) filed by me or my legal representatives or assigns within one year priority benefits of the following application (s) filed by me or my legal representatives or assigns within one year priority benefits of the following application (s) filed by me or my legal representatives or assigns a priority benefit at the following application (s) filed by me or my legal representatives or assigns a priority benefit at the following application (s) filed by me or my legal representatives or assigns a priority benefit at the filed by the							
The following application(s) for patent or inventor's certificate on this States of America either (a) more than one year prior to this application, or (b) be application(s) and/or United States provisional application(s):							
I hereby appoint the following as my attorneys of record with full p application and to transact all business in the Patent Office:	ower of substitution and revocation to prosecute this						
James A. Oliff, Reg. No. 27,075; William P. Berr Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pa: Edward P. Walker, Reg. No. 31,450; Robert A. M Mario A. Costantino, Reg. No. 33,565; Stephen J. Joel S. Armstrong, Reg. No. 36,430; Christopher W. Richard E. Rice, Reg. No. 31,560; Paul Tsou, F	rdini, Reg. No. 30,411; filler, Reg. No. 32,771; . Roe, Reg. No. 34,463; Brown, Reg. No. 38,025; leg. No. 37,956; and						
Eric D. Morehouse, Reg. No. 38 ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATIO PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (70)	N SHOULD BE SENT TO OLIFF & BERRIDGE						
I hereby declare that I have reviewed and understand the contents of this own knowledge are true and that all statements made on information and belief at were made with the knowledge that willful false statements and the like so made.	e believed to be true; and further that these statement						

Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

i	Typewritten I of First or So		Richard	J.	MILILLO
2	**Inventor's Signature:		Given Name	J. Middle Initial Medille	Family Name
•	**Date of Signature:		MAY	16	2003
			Month	Day	Year
	Residence:	Fai	rport ·	New York	USA
			City	State or Province	Country
	Citizenship:	United States			<u> </u>
		Post Office Address: (Insert complete	16 Delemere Boulevard		
		mailing address, including country)	Fairport, New York 1445	50	*****

^{*}If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

l Typewritten Full Name of Second Joint Inventor (if any)		,	William	D.	MILILLO
oj Becoma si	oun meenor (1) uny)	Giv	ven Name	Middle Initial	Family Name
2 **Inv	entor's Signature:	-Kill	2 mm 10	mell	2 min., 11min
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1 Types	vritten Full Name				
of Third Join	it Inventor (if any)		Steven	D.	OLSON
2 **Inventor's Signature:			ven Name	Middle Initial	Family Name
3 **Dat	e of Signature:		May	16	2003
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	vritten Full Name int Inventor (if any)				
0, 104111 50	on inventor (9 any)	Giv	en Name	Middle Initial	Family Name
2 **Inw	entor's Signature:	0		William Milke	I direct strains
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This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.